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## NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	09	083198	_
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## Total Fee Calculation

lotal Fee Calculation								
	Fee Code	Total = Claims	Number Extra	<u>X</u>	Fee	Fee =	<u>Total</u>	
	Sm./Lg				Sm. Entity	Lg. Entity		
Basic Filing Fæ	201/101				-	101	790	
Total Claims >20	203/103	74 -20 =	54	X		22	1188	
independent Claims >3	202/102			X			1100	
Mult, Dep Claim Present	204/104					<del></del>		
Surcharge	205/105					100	120	
English Translation	139					105	130	
TOTAL FEE CALCULA						·	.2108	
Total Filing Fees Due	= S	2108.00	<u> </u>					
Less Filing Fees Submi	itted - \$	<u></u>		_				
BALANCE DUE	= \$	2108.	00	_				
Office of Initial Patent	<u>Oa le</u> Examination	<del></del>					1	

FORM OIPE-RAM-01 (Rev. 5/97)

Application or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECORD  'Effective October 1, 1997  09/053/98												
CLAIMS AS FILED - PART I (Column 1) (Column 2)			IALL YPE	ENTITY	OR	OTHER SMALL	THAN ENTITY					
FOR NUMBER FILED NUMBER EXTRA		RA	TE	FEE		RATE	FEE					
BASIC	BASIC FEE				3800	or		190 94000				
TOTAL CLAIMS 74 minus 20 = 54		4	KA	4=		OR	V818=	1188				
INDE	PENDENT CLA	IMS	minu	s 3 =	•		-	39=		OR	¥78=	770 0
MULT	IPLE DEPEND	ENT CLAIM PRES	SENT				+12				1270	.240
• 44 av	e difference in col	lumn 1 is less than z	ero, enter "0" li	ootum:	r 2			TAL				270
							. 10	ize	ll	OR	•	
		(Column 1)	AMENDED		KT II dumn 2)	(Column 3)	S	WALL	ENTITY	OR		R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PRE	CHEST LIMBER VIOUSLY LID FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 83	Minus	**	174	= 9	x\$	11=		OR	x\$22=	198
ME	Independent	•	Minus	***		=	<b>x</b> 4	1=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+1	35=		OR	+270=	*		
						ADDI	OTAL FEE		OR	TOTAL	198	
ENT B		(Column 1)  CLAIMS REMAINING AFTER AMENDMENT		HI N	IGHEST IJMBER VIOUSLY IJD FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 84	Minus	**	83	= 4.	] x\$	112		OR	x\$22=	72.00
AMENDM	Independent	•	Minus	***		=	X	11 <u>=</u>		OR.	x82=	
_	FIRST PRE	SENTATION OF	MULTIPLE	DEP	INDENT CL	AIM	+1	35=	-	OR	+270=	
		(Column 1)		. (0	olumn 2)	(Column 3)	ADDI	TOTAL		OR	TOTAL ADDIT, FEE	7200
ENTC		CLAIMS REMAINING AFTER AMENDMENT		PRI	IGHEST UMBER EVIOUSLY UD FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩ Q	Total	. 75	Minus	**	87	=	×	311=		OR	x\$22=	1
AMENDMENT	Independent	• 4	Minus	***	3	= /	] [x	41=		OR	*82=	78
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=							OR	+270=	- 1			
If the entry in column 1 is less than the entry in column 2, write "o" in column 8,  If the "Highest Number Previously Paid For" IN THIS SPA ZE is less than 20, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE							OR	TOTAL ADDIT. FEE	78.0			